

Negotiated Rulemaking - Comment Summary

DOCKET NO. 16-0319-1501

Comments from June 16, 2015, Written Comments Submitted Post-Meeting, and Responses

Coeur d'Alene

	(V) Verbal (W) Written	Comment	Response	Policy Change
TOPIC: CFH Certification Fees.				
	V/W	Stating as a Moscow group that not happy with monthly fee increase. No raise in 19 yrs. Think easy way for Idaho to get money. Hitting on providers that have no power to hit back. No benefits for the fee.	The CFH fee was implemented and directed by the legislature to cover the costs of the CFH program. Benefits of the fee include certification surveys, costs of investigations of complaints, and the ability of providers to be paid for services provided to residents, if the certificate requirements are maintained.	N
	V	Paying for substitute provider increase to \$60 is pocket book expense.	The CFH program provided a Basic Medication Course free of charge a few years back. The CFH program lost funding and staff in 2010. The CFH provider's option then was to attend the Assistance with Medication course provided at the universities/colleges at a cost of approximately \$80 for an eight (8) hour course. The CFH program is now proposing a Basic Medication Course provided by the CFH program for a shorter hourly training and reduced cost of \$60. If providers chose to have substitute care givers, those substitute care givers would be able to attend the Basic Medication Course provided by the CFH Program or the Assistance With Medication Course at the university/college to meet the substitute care giver qualifications.	N
	V/W	Reimbursement helps but not as good of reimbursement as other providers and doesn't always make ends meet based on current reimbursement. Average cost for vehicle .61/mi reimbursement .25/mi. same as home and things break down if not reimbursed enough to keep up with it. Wanting to move forward as group to let people who need to know that Idaho reimbursement is one of lowest in nation. Would like to afford to be able to afford to improve quality not just Band-Aid it.	Because payment and reimbursement does not fall under Licensing and Certification, providers can contact the Division of Medicaid at 3232 Elder Street, Boise, Idaho 83720 Phone: 208-334-5747. There is no CFH proposed rule change for this area.	N

	V	Seems if all said I quit, they would finally make a raise.	The CFH Program is an optional program.	N
	V/W	CFH complain of increase fee due to with inflation making less and less and really tied down not able to really give input because of the requirement of a CFH can't leave and not able to pay for back up. Some can't afford computers etc.	<p>Having a computer is not a requirement for the CFH Program. The local regional CFH staff can always provide forms to a CFH provider if needed. Also, the CFH staff is a great resource if needing information or clarification of a situation.</p> <p>The CFH Program sent out a blast email to providers who included their email addresses to the CFH staff. Those who have computers can set an alert for any changes to the CFH page.</p> <p>Also, all regions have access to members of a Community Care Advisory Council that should be sharing the information about the proposed rule changes and the Negotiated Rulemaking meetings. The CFH Program is concerned that turnout was low when there is a large number of CFH providers who should have received communications. There are only a few providers who have not given us an email address as a source of contact/communication. CFH staff also gave information to CFH providers about the Negotiated Rulemaking Meetings when conducting surveys in the CFHs.</p> <p>There is a CFH provider presence on the Community Care Advisory Council and should also be a resource for providers.</p> <p>The process also allows for written comment if providers are unable to attend the Negotiated Rulemaking meetings.</p>	N
	V/W	Why can't they take fees off the top?	This option was investigated when the fees were first implemented. Due to legal requirements, taking the CFH fees from the CFH provider's payment was not an option. Not a change to the CFH rules.	N
TOPIC: Food Services				
	V/W	Live animals in food prep area. Cats and dogs 'area' is concerning as many come through kitchens.	After reviewing comments and recommendations, the proposed rule on Food and Nutritional Services was removed from the proposed CFH rule changes.	Y
TOPIC: Elements of Care				
	V/W	Medicaid for SD using Elements of care to not cover DME or SME in CFH. Examples given, medical hospital bed, w/c and special toilet.)	Because payment and reimbursement does not fall under Licensing and Certification, direction was given to contact the Division of Medicaid at 3232 Elder Street, Boise, Idaho 83720 Phone: 208-334-5747. No CFH proposed rule change.	N

TOPIC: Medications				
	V/W	Locked meds. Waivers? No need to lock in individual circumstance.	<p>In preparing the Basic Medication Course that is being proposed, the CFH Program looked at the requirements taught in the Assistance With Medication Course taught at the universities/colleges approved by the Board of Nursing. The proposed ruling included in Medication Standards was changed to meet the requirement taught in the Assistance With Medication Course. The proposed rule change requires resident's prescription medication be locked at all times, unless the medication requires refrigeration.</p> <p>Locked medications are not only for the protection of the resident. Medications can be also taken or inspected by others living in the home or visiting the home. Medications and the information around the medication are also a privacy issue for the residents and should not be shared with others. Locking medications is not only for safeguarding the resident, but others living or visitors in the home. Resident's rights are also protected by locking medications. Every resident's medications can be in the same locked unit, with each resident having a different storage container within that locked storage unit.</p>	N
TOPIC: Fire/Life Safety				
	V	Fire extinguisher inspection size. On inspection: individual inspection how to check for not settled or no hose. Corrine- 3 minutes-obstruction.	<p>If not mounted, chemicals harden or extinguisher can tip and chemicals can leak from the extinguisher. Mounting extinguishers is not a CFH proposed rule change – it is already in CFH rule. Also, if the extinguisher is not mounted, the extinguisher may not be located when needed.</p> <p>Extensive research was done in the area of Fire, Life Safety for the proposed rule changes. This review determined the need for the increased Fire and Life Safety Standards. Two fires have occurred in CFHs this past year and they did not ever expect those to happen to them.</p> <p>The CFH provider must demonstrate the ability to evacuate all residents within three (3) minutes to a point of safety outside the CFH. This proposed rule change is a critical requirement to ensure the safety of residents in CFHs and the provider/family.</p>	N
	V	Smoke alarm batteries. Last long time, why need to require change 2 x's /yr. Public service and fire departments as	Fire and Life Safety Standards cannot be taken lightly for anyone. A CFH provider is required to provide a safe	N

		precaution tell to change. Safety. Those that neglect checking/replacing, aren't going to change them so just an extra requirement.	environment for their residents. Promoting and following the maintenance of equipment is critical to ensure safety. CFH staff has found that a few providers take out batteries without replacing them and a few providers have ignored the beeping of the smoke detector without changing the batteries. Replacing these batteries twice a year is good practice with little expense.	
	V	Portable heaters allowed with safety-like measures.	The proposed rule changed to allow portable heating devices if they are maintained and in good working condition and have tip-over protection, do not exceed 212 degree Fahrenheit, and safety label remains on the portable heater. Currently, a waiver is required to use a portable heater. This CFH proposed rule change would eliminate the need for a waiver.	N
	V	Accumulation of weeds: not new- but why in rule?	Correct, no change is proposed on the current rule around accumulation of weeds. Letting weeds accumulate and grow around the outside of a CFH can be a fire hazard. No proposed CFH rule change.	N
TOPIC: Resident Rights				
	V	Restricted diet and access to food at any time.	<p>This comment may be in conjunction with the changes in the HCBS waiver under the Division of Medicaid. Because HCBS waiver changes do not fall specifically under Licensing and Certification, direction was given to contact the Division of Medicaid at 3232 Elder Street, Boise, Idaho 83720 Phone: 208-334-5747. Discussion centered on having a doctor's order on file to support restriction and maintaining appropriate documentation about discussions with the resident and result.</p> <p>The current CFH rule under Resident's Rights (IDAPA 16.03.19.200.02.b. states: "The right to refuse a restricted diet." The CFH proposed rule changes do not include any changes in the current rule.</p>	N
TOPIC: Other				
	V/W	Why do substitutes have to be specific for CFH? Difficult to get substitutes. Would like to use DHW but accept from other agencies. Would like to use from one agency to another.	<p>Under current IDAPA 16.03.19.300, CFH rules require the substitute caregiver to have current CPR/First Aid, a criminal background check, and Assistance with Medications course.</p> <p>The CFH requirement for Criminal History Background checks requires substitute caregivers to have a background check specifically for the CFH program. A risk is involved in using agency caregivers, caregiver at agency discharged or disciplined without provider's knowledge. Requiring substitute</p>	N

			caregivers that work specifically for the CFH program is good practice. There is an understanding of the financial burden that may place on CFH providers.	
	V/W	Why can't those hours be extended to 10 hours?	Incidental supervision does not allow a person providing that supervision to provide care, including assisting with medications, etc. Increasing the hours of incidental supervision is not practical for health and safety concerns of the resident.	N
	V/W	Does alone time being taken out mean they can no longer have?	Because of the concerns and interpretations around alone time in CFHs, the wording now remains the same as before regarding alone time – "Ensure appropriate, adequate supervision for twenty-four hours each day unless the resident's plan of service provides for alone time."	Y
	V	Transportation - no changes?	No changes were included in the proposed CFH rule changes around transportation.	N
	V	How do we find out who we can contact to get together to work together?	A CFH Provider Association is in the Region I – Coeur d'Alene area and Region IV – Boise Caldwell areas. Information has surfaced regarding a provider group working together in Region II – Moscow area. This does not apply to the proposed CFH rule changes.	N
	V	Telephone Landlines: can it go into effect now?	Providers can request a waiver currently due to the current rules. Justification for a landline waiver must include proof that resident(s) can use a cell phone and providers have a responsibility to pay for the resident's cell phone. Providers must ensure residents have privacy, access to phone, and there is no cost to resident for cell phones. The CFH cannot implement the rule change until this process is completed through the legislature.	N
	V/W	Five years before approve – Not sure what that means?	The CFH proposed rule change is regarding CFH providers who have had their certificate revoked. The CFH proposed rule change would coincide with the entire Division of Licensing and Certification.	N
	V	What will be the impact of the input given today?	The CFH Program wants feedback on the proposed rule changes and so we set up three (3) Negotiated Rulemaking meetings versus setting up public meetings where providers just present their side Department has no discussion. When the proposed rule changes are presented to the Board of Health and Welfare and to legislature, the proposed rule changes can include feedback from the CFH providers. These Negotiated Rulemaking meetings allowed for discussion and input versus a public hearing only where there is no discussion. No CFH rule change.	N
	V	Communication about the changes must not have been good	The CFH Program sent out a blast email to providers who	N

		<p>enough with 12 out of 200 + providers to show up. Re: telling legislators have done it and no results. Legislatures don't have enough time to know everything to make enough decisions. Believe filtered out to point of frustration.</p>	<p>included their email addresses to the CFH staff. Those who have computers can also set an alert for any changes to the CFH page.</p> <p>Also, all regions have access to members of a Community Care Advisory Council that should be sharing the information about the proposed rule changes and the Negotiated Rulemaking meetings with providers. The CFH Program was concerned that turnout is low when there is a large number of CFH providers who should have received communications. There are only a few providers who have not given us an email address as a source of contact/communication. CFH staff also gave information to CFH providers about the Negotiated Rulemaking Meetings when conducting surveys in the CFHs.</p> <p>There is a CFH provider presence on the Community Care Advisory Council and should also be a resource for providers.</p>	
	V/W	<p>Self-Direction rule review. Are the two programs talking? Things seem to be changing weekly. Is CFH program going to be more infused in those rules?</p>	<p>CFH staff has attended Self Direction meetings periodically to learn of any changes. The CFH Program does not make changes to the rules applied by the Division of Medicaid. The Division of Medicaid has staff in the local regions who can address any questions providers might have about individual cases and situations. Not a CFH proposed rule change.</p>	N
	V	<p>Medicaid reimbursement is requiring DME to be paid for by CFH as furnishings (including medical bed and w/c) using elements of care rule.</p>	<p>This question would be better answered by the Division of Medicaid as this issue is addressed under the Medicaid rules. Because payment and reimbursement does not fall under Licensing and Certification, providers can contact the Division of Medicaid at 3232 Elder Street, Boise, Idaho 83720 Phone: 208-334-5747. Not a CFH proposed rule change.</p>	N
	V/W	<p>Training specialist not providing care, providing training, but not sure if needs to meet substitute because doing training. SD allowed because not doing care, but CFH requires meet requirements because service is in home. Maybe need different category for these providers?</p>	<p>If an individual is performing a service or providing care while in the home, that individual would be considered a substitute caregiver and must meet the qualifications of a substitute caregiver in the CFH rules. A substitute caregiver is an adult approved by the provider to provide care, services, and supervision to the resident(s) in the provider's CFH. The substitute care giver can be a replacement in a certified family home provider's absence or when assisting residents while the CFH provider is in the CFH. The qualifications for a substitute care provider or an individual providing a service in the home under Self Direction would still apply.</p>	N
	V	<p>Older, and tied down less tech savvy. Rules confusing. Ability to get out to come.</p>	<p>CFH providers can always share the information regarding the proposed CFH rules changes. CFH providers and stakeholders</p>	N

			<p>can also provide written comments. There is a CFH provider presence on the Community Care Advisory Council and should also be a resource for providers. Again, CFH staff in the regions is also a great resource for CFH providers. Not a CFH proposed rule change.</p> <p>Written comments are also included in this process.</p>	
	V	Suggest bigger coalition to have better representation. Want to get connected state wide for better representation to Medicaid and legislators.	Noted. No CFH proposed rule change.	N
		Update: IDAPA 16.03.19.225. UNIFORM ASSESSMENT REQUIREMENTS.	The CFH proposed rule change to the UNIFORM ASSESSMENT REQUIREMENTS rule section was reversed. No CFH proposed rule change.	Y
		Update: IDAPA 16.03.19.250. PLAN OF SERVICE.	The CFH proposed rule change to the PLAN OF SERVICE rule section was reversed. No CFH proposed rule change.	Y